WYOMING STATE HOME VISITING PLAN

Affordable Care Act (ACA) Maternal, Infant, Early Childhood Home Visiting (HV) Program Grant

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Wyoming Department of Health, Community and Public Health Division, Maternal and Family Health Section

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SECTION 1: IDENTIFICATION OF THE STATE'S TARGETED AT-RISK COMMUNITIES:

Introduction

The State Home Visiting Task Force began meeting on at least a weekly basis beginning in February 2011 to discuss and prepare the State Home Visiting Plan. The group, which includes public and private, as well as state-level and local partners decided to focus on four of the seven at-risk communities identified in the Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program (MIECHVP) needs assessment. The four targeted communities are Carbon, Sweetwater, Albany, and Natrona counties.

The Nurse Family Partnership (NFP) home visiting evidence-based model is available in each of the four counties; NFP offers first-time mothers services beginning in pregnancy and available until their infants are two years old. The Parents as Teachers (PAT) home visiting model is available in Sweetwater and Natrona counties.

The Task Force designed a plan for a Home Visiting Continuum framework to assure an appropriate and timely referral process for at-risk families. A Home Visiting Continuum will be created in each of the four communities identified in the State Home Visiting Plan, prenatal to school entry. The Home Visiting Continuum will include the NFP and PAT home visiting models, and other identified entities within the communities which screen and/or refer families to community resources. Fundamental partners will include families in need of services, home visitors, primary care providers, and entities including law enforcement, business owners and managers, and school district teachers and other community leaders.

Albany County currently does not have PAT. However, community readiness has recently been assessed by the PAT program and determined the community is ready to implement and support the program. Therefore, the decision was made by the Home Visiting Task Force to target Albany County in the MIECHVP State Home Visiting Plan during the first year to implement the PAT program. Albany County would gain a Home Visiting Continuum with services available for prenatal (not just first time mothers) through school entry; helping eligible families improve the health and welfare of their children.

Implementation of the PAT program in Carbon County has not been recently examined. Carbon County was determined to be the most at-risk county in the MIECHVP needs assessment, the Home Visiting Task Force approved implementation of an intensive systems-based study of this community. The results are expected to highlight the sentiment of the community related to PAT implementation at this time. Currently, the only home visiting program available in the community is NFP.

Sweetwater and Natrona counties have NFP and PAT programs available to eligible families. Intensive systems studies have been initiated, and will continue in both counties to help determine the systems-based successes and challenges the PAT implementation into Albany and Carbon counties may encounter. The goal is for the newly implemented PAT programs to meet with success, based on results from the studies of Sweetwater and Natrona counties. Additionally, the plan is for all agencies involved in the Home Visiting Continuum to communicate with each other; to make appropriate referrals to home visiting programs; and to assure the needs voiced by families are appropriately addressed. By the conclusion of this first Home Visiting Plan, it is expected the four targeted counties will be: 1) moving toward having home visiting

available for more at-risk families; 2) more successful in screening and refering eligible families needing support ; 3) leading to children who are healthy and ready to learn by school entry. During subsequent years, the remaining three counties determined to be at-risk will be integrated into the State Home Visiting Plan, to expand their Home Visiting Continuum to include prenatal through school entry.

Community Risk Factors

Carbon County, located in the south central part of the state, received the highest score and was identified as the most at-risk county. This county had the highest infant mortality rate in Wyoming (15.4 per 1,000), as well as a high rate of maternal smoking, low birth weights, and domestic violence. Nearly 12% of Carbon County residents live below the Federal Poverty Level (FPL). Slightly more than 33% of children qualify for free and reduced lunch in schools. Children in Carbon County suffer a high level of substantiated child abuse and are at a lower level of school readiness than children in other Wyoming counties. Family planning services are available irregularly, due to the provider schedules and availability in only one town in the county. In outlying areas of the county, the WIC program visits once every three months. If a client misses her appointment and cannot get to a site in another county, she would not be able to access WIC benefits for those three months. Residents from outlying parts of the county must travel at least 120 miles round trip to see a physician in Rawlins, the largest town in the county. Distances and unpredictable weather become significant problems for those with no means of transportation. Partners have confirmed the access challenges faced in this county.

NFP is currently implemented in Carbon County, which has the specific goals of improving maternal health and birth outcomes, reduction in substance use during pregnancy (smoking tobacco), reduction in child maltreatment, early literacy/school readiness, and reduction in domestic violence. There is no PAT program in Carbon County; therefore, the Home Visiting Continuum includes only prenatal services for first-time moms and until the child is two years of age.

Sweetwater County, in the southwestern corner of the state, is the fourth highest at-risk county in Wyoming. Infant mortality, the rate of low birth weight babies delivered, and substantiated child abuse are higher than the state indicators. Domestic violence rates in this county are the second highest in the state with 8.97 incidents per 1,000. Unemployment, the number of uninsured individuals, and the percent of high school dropouts are also higher than the state average. Sweetwater County has the second highest rate of reported crime in Wyoming, with 36.8 incidents per 1,000 people. Binge drinking is also a problem, with 19.3% of adults reporting at least once incident of binge drinking in the past 30 days. NFP and PAT are currently implemented in Sweetwater County, with the Home Visiting Continuum services available from prenatal through school entry.

Albany County, in the southeastern part of the state, is the location for the University of Wyoming; the only university in Wyoming. The percentage of low birth weights in the county is the third highest in the state (10.4%), and 11.2% of infants are born preterm. Additionally, binge drinking and reported domestic violence are higher than the state indicators. School readiness for children is lower in this county than the state average. Albany County has the highest percentage of people living in poverty (16.4%), a high rate of crime and homelessness, and the second highest percentage of uninsured individuals (22.8%). NFP is currently

implemented in Albany County, with home visiting services available only for first-time moms, and until the child's second birthday.

Natrona County is located in the central part of the state and is the second most populous county. Within Natrona County, approximately one-third (29.96%) of pregnant women reported smoking during pregnancy. This county has a higher rate of homelessness, unemployment, poverty, and need for free and reduced lunch than the rest of the state. The highest percentage of high school dropouts (7.35%), as well as the highest reported crime rate (43.26 per 1,000) also occurs in Natrona County. Child abuse is an issue in here, with 5.1 cases of substantiated child abuse per 1,000 children under the age of 18 years, and reported domestic violence is higher than the state indicator. Natrona County currently has NFP and PAT home visiting programs available to families, with the Home Visiting Continuum consisting of prenatal through school entry.

Community Strengths

There are protective factors within the four targeted communities which can increase the health and well-being of children and their families, and serve as buffers to decrease the incidence of child abuse and neglect. Protective factors include nurturing and attachment, knowledge of parenting and child development, parental resilience, social connections, and concrete supports for parents.

The NFP program curriculum assists first-time mothers in reading their baby's feeding and teaching cues, supports maternal-infant bonding, and teaches how interacting and playing with their infant can help the baby to attain developmental milestones. Planning their "heart's desire" (the mother's dreams and hopes) helps the new family strive toward achieving goals. Furthering their education to get a job to enhance providing for their infant, which can mitigate some harmful aspects in those young lives, is part of the process.

PAT concentrates staff efforts on improving school readiness, preventing child abuse, and increasing the parent confidence level and capacity to secure an optimal start in their child's lifelong learning. Knowledge of expected achievements during infancy and early childhood within the PAT curriculum helps the parent determine when their child is at the expected developmental level, or may need some community support to achieve their best success.

Living in a community with less crime and domestic violence creates an environment where children and their families feel safe and can go out and play together, enjoy community assets, and develop relationships with other families in their community. The families become more knowledgeable about available resources and may feel more comfortable asking for social and emotional assistance when needed.

Carbon County has less homelessness than the state average. Parental resilience improves when parents are able to provide for their family, in both single-parent and two-parent families. Having supports available within the community may prevent unintended harmful outcomes. Domestic violence and child abuse can become consequences of parents stressed about their inability to provide for their family. Self-efficacy is important in the family trajectory of how they will succeed to help their children be healthy and ready for school entry, which is imperative to succeed in school. Having a supportive family also facilitates children

staying in school to graduate from high school. A graduate is then able to earn a better living, which relates back to feeling they are able to control their environment, including supporting their family.

Sweetwater County has less unemployment and poverty than the state average, which can be protective for such unfortunate situations as homelessness and unexpected expenses. Being able to meet their family's basic needs of food, clothing, housing and transportation, as well as knowing how to access the services needed helps to ensure safety and well-being for families and their children. Decreased preterm births starts the new family on a healthier trajectory than an infant beginning life with possible health issues which may affect the family's financial status and the child's school readiness.

Albany County has less substantiated child abuse than other counties in the state. Living in a community with less crime and domestic violence creates an environment where children and their families feel safe in their home and school. Feelings of safety allow people to go outdoors for exercise and recreation, which are factors in improved family health.

Natrona County has more insured individuals than the state average. This is a protective factor as demonstrated when a parent is able to provide a safe environment, but is also able to provide healthcare as needed for their children. Parents have a higher level of self-reliance and self-efficacy, leading to a more stable and nurturing home environment. Early Head Start (EHS) has a combined center-and home-based program in Natrona County to serve families who meet the program's eligibility criteria.

Characteristics and Needs of Participants

Characteristics of the at-risk families include factors that negatively affect the family unit and keep children from achieving their full potential. Wyoming data demonstrates factors affecting families include living in poverty, not being employed, not being able to access health insurance coverage, and ultimately not having stable housing, which can lead to homelessness. Additionally, domestic violence and binge drinking can have negative effects on both the family unit and the community. Related to the Life Course Development model, maternal smoking in the at-risk communities translates to an increased chance of preterm births and low birth weight deliveries, which contribute to a higher infant mortality rate. Children are at-risk for being unprepared for school entry by requiring educational and financial assistance in the school environment, both educationally and financially, and for not completing high school. Improving outcomes for families requires breaking the cycle of poverty, which will be a positive effect of the Home Visiting Continuum.

Even though the only military base within the state is in Laramie County, there are National Guard troops who have been activated recently throughout the state. Families of military personnel will be included in the discussions at the county level, and will be targeted in the plan for coordination of services related to the Home Visiting Continuum in each of the at-risk communities.

Existing Home Visiting Services in the Communities, Currently or Discontinued

NFP is offered in the four selected at-risk counties. PAT is currently implemented in two of the counties; Sweetwater and Natrona. No home visiting programs have been discontinued in the targeted at-risk communities since March 23, 2010.

Existing Mechanisms for Screening, Identifying, and Referring Families to Home Visiting Programs; Referral Resources Currently Available and Needed in the Future

Best Beginnings for Wyoming Babies (BB), a systems-based model which provides perinatal support and referral, is available through all county Public Health Nursing (PHN) offices. There is no financial eligibility requirement for BB pregnancy screening and referral to appropriate community resources. The screening process includes completing a Pregnancy Wellness Assessment form with the pregnant woman. This form includes questions related to medical and reproductive history, nutritional status, lifestyle history, and emotional well-being. Open-ended questions are included which address other concerns the woman may have; strengths she has, cultural or religious beliefs that could affect the quality of care, and what has been helpful in accessing services for the current pregnancy. BB resources and referrals from this screening form commonly include MFH programs, home visiting services, financial resources, nutritional services, support for smoking cessation, and other services necessary for a healthy pregnancy outcome. (See Attachment A for BB Pregnancy Wellness and Referral form)

Family planning clinics within the four counties refer to community resources and services for screening to identify needs. Women, Infants, and Children Program (WIC) office staff screen pregnant and postpartum women to identify dietary needs and offer nutritional support. WIC refers families to community resources, including home visiting and financial services. The Health Care for the Homeless Clinic in Natrona County screens clients, and identifies and refers families and children to community resources, including home visiting and nutritional services. The University of Wyoming Family Practice Clinic (UWFP) and Community Health Center (CHC) in Natrona County also screen, identify, treat and refer families to necessary community resources, including home visiting, financial and nutritional services.

Early Head Start has a combined home visiting/center-based curriculum that includes promotion of health and safety, mental health, nutrition, education, parental involvement, and social services. Referrals are made to community resources as family needs dictate. Head Start (HS) is available in all four counties for families with children ages three to five years old who meet 100% of the FPL. Children who are in foster care or are homeless are automatically eligible for HS services. The program provides families with medical, dental, vision, and hearing screening and treatment, health education, mental health screening and referrals, assistance in establishing a medical and dental home, and refers to community resources, including home visiting programs. (See Attachment B for EHS and HS Screening and Referral forms.)

Even Start (ES) is an education program for low-income families designed to improve the academic achievement of young children by: 1) improving parent literacy and basic educational skills; 2) helping parents to become full partners in the education of their children; and 3) assisting children to reach their full learning potential. The program offers promise for breaking the cycle of poverty through higher literacy. Natrona County is the only one of the four targeted counties where ES is available and families are referred to the local school districts.

Enhanced support is needed for both Carbon and Albany counties to augment the Home Visiting Continuum to include home visiting services available until school entry and to increase awareness of all services

available. Sweetwater and Natrona counties will also receive support to strengthen and market the Home Visiting Continuum.

A Plan for Coordination among Existing Programs and Resources, Addressing Existing Service Gaps

There are some challenges within the evidence-based home visiting models currently implemented in the targeted counties. While NFP is an excellent intervention for first-time mothers, there are service delivery challenges. For instance, a pregnant woman must be referred to NFP by 28 weeks gestation for her to be eligible for the program. Struggles with developing and maintaining strong local referral systems can impact the success of NFP. There is a need for evidence-based home visiting models to be available for all low-income and/or at-risk pregnant women, not only for first-time pregnant mothers. Within the Home Visiting Continuum, families with subsequent pregnancies, or who are beyond the 28th week of gestation, can be referred to another evidence-based model to receive appropriate services.

The greatest challenges in Wyoming PAT services are the diverse eligibility requirements of the various programs delivering the model. For example, some providers offer services only to families qualifying under specific provider criteria, children meeting a specific age range, residents of specific towns, or first-time mothers. Expanding eligibility to include all families who need services and to encompass more geographic areas would help fill this gap as in implementing PAT in Albany and Carbon counties. Increasing awareness of other services available within a community may assist families who are not receptive to home visiting services.

Some counties have a very effective referral system in place that includes local and out-of-state hospitals, local and out-of-state providers, WIC, and other community entities. However, in counties that may not have such an effective referral system, there may be fewer pregnant women referred to local home visiting programs. The systems studies to be conducted in the four targeted communities will establish current referral systems and address how to strengthen the system in each community. Implementation of the Home Visiting Continuum in the at-risk counties will serve to draw the providers and other entities into a more collaborative environment to improve the availability of services for families in need.

Services for Wyoming residents needing substance abuse and/or mental health services are provided through a network of community mental health and/or substance abuse centers (CMH/SAC's) located within each of the four targeted communities. The referrals will be facilitated by the Mental Health and Substance Abuse Services Division (MHSAD) regional continuum of care for the specialized services needed.

The Wyoming State Home Visiting Plan will address the previously discussed challenges by conducting comprehensive systems evaluation, establishing referral protocols and establish a referral framework inclusive of transition plans within the Home Visiting Continuum. The Plan will delineate timely and appropriate referrals to the Home Visiting Continuum, reduce duplication of community services, provide more comprehensive services, and meet the multiple needs of individual families.

Quality of home visiting programs will be enhanced by assuring fidelity to each evidence-based model, and by professional development training within the individual programs and the Home Visiting Continuum.

Community awareness and marketing of the Home Visiting Continuum will serve to improve referral patterns and protocols within the continuum.

Local and State Capacity to Integrate Home Visiting Services into a Coordinated Early Childhood System

Wyoming Department of Health will partner with the Wyoming Early Childhood Partnership (WECP) to assist in developing and sustaining the Home Visiting Continuum. WECP is a public-private, non-profit partnership created in 2008 to develop and strengthen the early childhood system in Wyoming by focusing on children, prenatal through eight years of age. The WECP is the governing board for the early childhood systems building initiative called Wyoming Kids First (WKF). The WECP is the instrument to advance the Wyoming Early Childhood Comprehensive Systems (WECCS) activities and to develop more effective and comprehensive strategies for enhancing the state's existing early childhood systems.

Each of the WECP partners is committed to the organization's vision of all Wyoming children living and learning in safe and nurturing environments to prepare them for success in school and life. Each partner brings expertise and resources to the table, so this vision can be realized. The WECP organization recognizes the importance of simultaneously working at both the state and local level to develop an improved, coordinated, and comprehensive system of early childhood services.

The establishment of regional partnership pilot programs was the first step in ensuring the work of the WECP is a grassroots initiative. The regional partnerships located in Natrona and Sweetwater Counties and on the Wind River Indian Reservation are responsible for bringing community leaders together to assess the identified needs within their communities and, by developing a strategic plan, prioritize the needs and work with the WECP to address these needs.

The purpose of these partnerships is to conduct local/community early childhood care needs assessments; facilitate gap filling and eliminate redundancies at the local/community level; facilitate local/community coordination, collaboration, and support for public and private entities involved in early childhood care; carry out relevant action steps identified in the WKF Plan; serve as a local/community clearing house for the distribution of local/community early childhood care information; and act as a liaison between the WECP and the community. Regional partnerships are integral to achieving the goals of the WECCS Grant in performing these functions. Regional groups help improve communication among state and local entities, develop effective grassroots collaborations, identify and address local needs efficiently, serve as a means to provide parents with education and support, and facilitate and coordinate system integration at the local level.

The WECP will continue the extensive systems evaluation referred to as 'visual mapping' of Sweetwater and Natrona Counties, both of which have NFP and PAT implemented. Through this process it will be determined which referral systems are working, and what the gaps are in order to develop a timely, effective, and efficient referral system for the Home Visiting Continuum.

Communities Identified at Risk and Not Being Selected due to Limitations on FY2010 Funding

Fremont, Campbell, and Laramie counties were also identified as being at-risk in the MIECHVP needs assessment. The expectation is that in future years, the Home Visiting Plan will include enhancement to the Home Visiting Continuum in those communities. Please see the Introduction for more specific information on the selection of Carbon, Sweetwater, Albany, and Natrona counties for the Home Visiting Plan.

SECTION 2: STATE HOME VISITING PROGRAM GOALS AND OBJECTIVES:

Goals, Objectives, and Strategies for Integration of State Home Visiting Plan with MCH and Early Childhood Health, Development and Well-being

Home visiting programs have been created by various entities over the years to assist pregnant women achieve healthier pregnancy outcomes and provide support for parents raising their children. As the mobility of Americans has increased, the availability of the extended family has decreased. Home visitors have learned that a little support and direction provided for pregnant women leads to healthy babies. Continued support and education provides parents with the knowledge required to understand their rapidly growing and changing child. This knowledge helps to decrease frustration and improve relationships, which leads to healthy children ready to learn by school entry.

As home visiting programs have developed, data has been collected to show how the programs benefit families and society by improving pregnancy outcomes, reducing violence, increasing school success and decreasing unnecessary visits to the local Emergency Department. Programs with data demonstrating success in these areas are called evidence-based practices. It is important to recognize that often programs proven to work within certain populations and/or conditions may not produce the same results when used in a different population or condition. Because of this fluctuation, it is crucial to recognize the needs of the families within a community and not simply the needs as seen by professionals and policy makers.

Wyoming has chosen to build upon and strengthen the systems, services, and collaboratives already in place; enhancing the system to provide a continuum of services from prenatal to school entry. Ensuring home visiting programs communication within a community; awareness by the services within the community of the home visiting programs and vice-versa; and appropriate referrals for services the family needs are mandatory for programmatic success. It is imperative to recognize that not all families respond positively to certain programs. If agencies communicate with each other and are aware of other services that may be available, the family can be referred to what they need. The ultimate referral goal is to support the birth of healthy children and children who are ready to learn when entering school.

The Home Visiting Plan will contribute to developing a comprehensive, high-quality early childhood system. This system will promote maternal, infant and early childhood health, safety and development, and strong parent-child relationships by bringing the evidence-based programs together and creating a specific and inclusive referral system. Inclusion of the community stakeholders and families in the plan, and the provision of specific education on the Home Visiting Continuum for each county, will support a framework for referrals based on individual family needs.

Goal 1. Establish a comprehensive State Home Visiting Continuum based upon individual family and child needs (prenatal to school entry), including the two voluntary evidence-based models, Nurse Family Partnership and Parents as Teachers, currently available in Wyoming.

Objectives:
Wyoming Early Childhood Partnership will be contracted to conduct comprehensive systems "mapping" studies in four targeted at-risk communities (Carbon, Sweetwater, Albany, and Natrona counties), including all programs which target mothers, infants, early childhood, and their families.

PAT, implemented first in Albany County and then in Carbon County, will create a Home Visiting Continuum from prenatal to school entry for those families.

Goal 2. Ensure a timely, effective, and efficient referral framework to reduce duplication of services across coordinated home visiting programs; all of which support health, wellness, and education of at-risk families (prenatal to school entry).

Objectives:
Revise and strengthen existing system protocols to make the referral process and transition as easy and streamlined as possible for at-risk families.

Develop standards and policies to guide the Home Visiting Continuum for at-risk families, including all programs that target mothers, infants, early childhood, and their families.

Ensure all partners and program staff in the at-risk communities are trained in the Home Visiting Continuum, to assure an efficient and effective program transition for at-risk families.

Goal 3. Enhance the collaboration, coordination, and quality delivery of the Home Visiting Continuum.

Objectives:
Assure each evidence-based home visiting model offered within at-risk communities maintains fidelity to the model.

Establish a baseline of benchmarks and constructs in the four at-risk communities with which to measure annual outcomes.

Establish a professional development training schedule in the at-risk communities to assure the home visitors, supervisors and other community partners maintain quality services within the Home Visiting Continuum.

Goal 4. Improve community awareness and family utilization of the Home Visiting Continuum.

Objectives:
Build community awareness of the Home Visiting Continuum based on results of the comprehensive systems studies to be conducted in Carbon, Sweetwater, Natrona, and Albany counties.

Support communities in creative outreach and sustainability for the Home Visiting Continuum.

Target Population:

Pregnant women

Infants

Children (prenatal to school entry)

Families

Inputs:

Home Visiting Task Force

Home Visiting Grant Funding

Nurse Family Partnership program

Parents as Teachers program

Programs that offer community-based services (such as EHS)

Families determined to be at-risk

Stakeholder agencies within the participating counties

WECP

WECCS

Interagency Coordinating Councils (ICC)

University of Wyoming/ Community Colleges

Community Businesses

Activities:

Partner with WECP for supplementation and implementation of extensive systems studies within Carbon, Sweetwater, Albany, and Natrona counties

Expand community readiness assessment completed in Albany County for PAT implementation

Implement PAT in Albany and Carbon counties

Utilize existing county ICC partnerships to support Home Visiting Continuum

Establish timely, effective, and efficient referral framework for at-risk families

Training Home Visiting evidence-based models and the Home Visiting Continuum

Home Visiting Task Force sponsorship of Home Visitor/Supervisor training and professional development

Marketing of Home Visiting Continuum to local businesses, educational facilities, etc.

Outputs by Numbers:

Community meetings to introduce/supplement/implement comprehensive systems studies

Comprehensive systems studies implemented and completed

ICC mtgs with Home Visiting Continuum on the agenda

Businesses/entities involved in meetings

New PAT sites implemented

Referrals to Home Visiting Continuum and other community agencies

Evidence-based Home Visiting Continuum trainings conducted

Home visitors/ supervisors trained on the Home Visiting Continuum

Professional development/ relationship-building trainings conducted

Home visitors/ supervisors attending professional development training

Types of media used, venues for marketing

Outcomes

Short-term

Families will feel supported through the Home Visiting Continuum - 1, 2, 3, 4, 5 year

Communities will support and help market Home Visiting Continuum - 1, 2, 3, 4, 5 year

Improved Coordination and Referrals for all Community Resources and Supports - 1, 2, 3, 4, 5 year

Reduced maternal smoking in targeted communities - 2, 3, 4, 5 year

Improvements in School Readiness and Achievement - 2, 3, 4, 5 year

Reduced Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department visits in targeted communities - 1, 2, 3, 4, 5 year

Long-term

Reduced preterm births, low birth weight and infant mortality in targeted communities - 3, 5 year

Improved maternal and newborn health - 3, 5 year

Reduced crime/domestic violence - 3, 5 year

Improved Family Economic Self-sufficiency - 3, 5 year

SECTION 3: SELECTION OF PROPOSED HOME VISITING MODEL AND EXPLANATION OF HOW THE MODEL MEETS THE NEEDS OF TARGETED COMMUNITIES:

Wyoming has two evidence-based home visiting models, Nurse Family Partnership and Parents as Teachers, currently implemented within two of the four counties targeted during the first year of the State Home Visiting Plan. NFP is the only evidence-based home visiting model implemented currently in Carbon and Albany counties, limiting the participants to first-time moms who enroll by the mandated time, and home visiting services for those families are available only through the child's second birthday. PAT is proposed to be implemented into both counties to create a Home Visiting Continuum from prenatal until school entry. A referral framework will be created from an extensive analysis of referral Patterns in Sweetwater and Natrona counties to ensure the new Home Visiting Continuum in Carbon and Albany counties will have the best opportunity for success and be suited to each individual family's needs.

The PAT model is adaptable to varied target populations and communities, and typically serves families with a range of risk factors. The PAT model is designed to promote positive parenting and optimal child development and to help build protective factors for families from a range of backgrounds. The model serves a broad spectrum of families with high needs, not just first-time parents or pregnant teen parents. The model offers services throughout the Home Visiting Continuum for those who parent children prenatally through kindergarten entry. The curriculum is a good fit for addressing the needs of many targeted at-risk populations and incorporates the Strengthening Families™ Protective Factors. Since other models also target these needy families with home visiting services, a common framework across the multiple models can be developed to encourage active community collaboration and shared learning.

Provide a Description of the State's Current and Prior Experience with Implementing the Model Selected, and the Current Capacity to Support the Model

A Wyoming home visitation bill was passed into law in 2000 mandating home visitation services to be available for all eligible pregnant women in the state. After a pilot project was conducted in several counties, beginning in 1996, training nurses to expand the NFP program into all 23 counties began. Wyoming was the first state to offer NFP statewide, but found the model to be fraught with difficulties not encountered in the more urban settings of the studies and clinical follow-up. As a result, counties have recently been given the option of discontinuing the program, as obtainable minimum caseloads and other factors were identified as creating barriers to model fidelity.

Currently, fourteen counties (approximately half of the state) offer NFP for first- time pregnant mothers. All seven highest-risk counties in Wyoming (Carbon, Fremont, Campbell, Sweetwater, Albany, Natrona, and Laramie) are included. NFP in Wyoming targets Temporary Assistance to Needy Families (TANF) eligible teens who are high-risk, as determined by the Best Beginnings program risk assessment.

As of April 2011, there were 201 families being served by the NFP program through the PHN offices. The projected ratio of NFP nurse to families to be served in 2011 is expected to be 1:20 (full-time caseload).

Wyoming PAT programming was first implemented in 1998 by the Parent Education Network (PEN) and Parental Information and Resource Centers (PIRC). Since 1998, new programs and sites have joined the Wyoming PAT family; which now encompass Early Head Starts, Head Starts, Safe Schools and Healthy Family programs, Child Development Centers, and stand-alone programming totaling 14 active affiliate programs. Currently PAT Affiliates in Wyoming serve over 700 children living in multi-ethnic populations with a wide range of needs. Over 75% of the families served have been referred to additional community resources while continuing to participate in personal home visits with their Parent Educators.

The Wyoming Home Visiting Task Force and the PAT program are confident there will be appropriate applicants to the employment announcement to expand PAT into Albany and Carbon Counties. The employment announcement will be posted as soon as the MIECHVP funding is released for use.

A Plan for Ensuring Implementation, with Fidelity to the Model; Including Quality Assurance, Program Assessment, Challenges, and Risks to Maintaining Quality and Fidelity and the Proposed Response; and Anticipated Technical Assistance Needs

Each evidence-based home visiting model has specific criteria to assure fidelity to the model, and will be stringently supported to assure fidelity to assure the documented outcomes. NFP has eighteen model elements that must be met to comply with NFP guidelines as an evidence-based home visitation program. Those elements include the client being a first time mom who meets low-income criteria, and voluntarily enrolled early in pregnancy with a first home visit no later than the 28th week of gestation. The program is delivered in the client's home throughout the pregnancy and the first two years of her child's life, by a one-on-one nurse trained in NFP principles. The NFP nurses (home visitors and supervisors) complete core educational sessions and deliver the intervention with fidelity to the model, including application of the visit guidelines emphasizing self-efficacy, human ecology, and attachment theories. A full-time NFP nurse carries no more than a caseload of 25 active clients, and a NFP supervisor manages no more than eight individual nurse home visitors. The supervisor provides nurse home visitors reflective listening, demonstrates integration of NFP theories, and assists with professional development. Data is collected, and subsequent reports guide practice, assess and guide program implementation, inform clinical supervision, enhance program quality and demonstrate program fidelity. The provider of NFP services is required to be known in the community for being a successful provider of prevention services for low-income families, with an Advisory Board meeting at least quarterly to promote community support, quality, and sustainability. Lastly, adequate nursing support must be available to implement a successful NFP program, which may become a challenge as nurses who are trained in the program leave PHN offices, in the event appropriate nurses are not able to be hired.

When an Affiliate Plan is approved by the National Center for Parents as Teachers, the new home visitors complete the PAT Foundational Training and the Model Implementation Training. The Foundational Training lays the groundwork for home visiting as a methodology within the early childhood system and connects the theoretical framework of PAT with actual practice. Model Implementation Training incorporates the PAT Quality Assurance (QA) Guidelines and offers

implementation strategies to help Affiliates fully understand and bring to life quality PAT services. The training explains how to successfully replicate the PAT model with fidelity, and demonstrates accountability, evaluation, and outcomes.

Possible challenges and risks to maintaining quality and fidelity to the two evidence-based models include personnel hired fit the needs of the home visiting model while understanding the importance of collaboration and of the populations for which they will provide services. Providing access to all quality assurance guidelines, common practices and general technical assistance will help satellite staff not feel alone in their location and position, which can be a significant issue in a geographically large and rural state. Providing ongoing professional development opportunities through the Home Visiting Plan and the National NFP and PAT offices will help to keep the professional visitors and supervisors developing creative ways to help the families they serve.

The Wyoming PAT program does not anticipate challenges in recruiting the personnel to fill the new positions in Albany and Carbon Counties. A portion of the MICHVP funding will be allocated to assure PAT-trained personnel within the at-risk communities can access required re-certifications to keep fidelity to the model, and assure desired outcomes.

Once the Home Visiting Continuum is created and marketed in the targeted counties, the need to begin sustaining the project will be paramount. The Home Visiting Plan goal is to have the Home Visiting Continuum permanent and self-sustaining within each community when the five-year funding cycle ends. WECP will be contracted to provide community-building and marketing support for the at-risk communities to develop local foundation and funding streams to make the Home Visiting Continuum more stable in each community.

There has been Continuous Quality Assurance (CQI) technical assistance requested from HRSA to make certain the Home Visiting Plan is utilizing current quality assurance guidelines. Support from the technical assistance request will ensure desired outcomes for at-risk families in the four targeted communities.

SECTION 4: IMPLEMENTATION PLAN FOR PROPOSED STATE HOME VISITING PLAN:

A Description of the Process for Engaging the At-risk Communities

Each of the four at-risk targeted counties have an Interagency Coordinating Council (ICC) which will be one of the tools used to pull community stakeholders together for discussion surrounding the Home Visiting Plan. However, not every ICC is as active as it could be in the four communities. For example, the Albany County ICC has just begun to meet again after a period of reorganization. The entities within each community implementing the evidence-based home visiting models will be at the table, and will invite essential partners into the discussion regarding implementation of the Home Visiting Continuum into each community. To be invited by a colleague is expected to enhance recruitment to the ICC and subsequently to the Home Visiting Continuum. Examples of partners will be local law enforcement; local CMH/SAC; domestic violence prevention entities; healthcare providers; local Department of Family Services (DFS) personnel; local school officials and teachers; and local business managers and owners. Families will be indispensable in the stakeholder groups brought together for planning and engagement in the Home Visiting Plan.

WECP will be contracted to continue with the extensive systems "mapping" studies begun in Sweetwater and Natrona Counties, and will move forward with initiating the valuable studies in Albany and Carbon. Gaps in services and referral Patterns within the four communities will be identified in this process, which are not apparent at this time. Additionally, WECP will facilitate the garnering of community sustainability for the Home Visiting Continuum, so that when the MIECHVP funding ends, the Home Visiting Continuum will be a permanent opportunity for families in need of home visiting services.

Approach to Development of Policies and Setting Standards for the State Home Visiting Plan

The local community groups will guide the development of policies and standards for the Home Visiting Continuum, with Home Visiting Task Force input as necessary, working with the results of the WECP studies to be completed in each targeted community. A referral framework is one such project that will be imperative to assure needy families in the targeted communities are being referred and enrolled in the appropriate home visiting program within the Home Visiting Continuum in a timely manner. Enrollment and referral forms will need to be standardized to enhance successful implementation of the referral framework. Training on the Home Visiting Continuum will be planned and implemented.

Plan for Working with the Model Developer, and Technical Assistance and Support to be Provided by the Model Developer

NFP National Office staff has offered to assist the Wyoming Home Visiting Plan with technical assistance as needed to assure fidelity to the model. For example, there has been collaborative discussion about collecting and documenting data points that are not currently available to meet the indicators, constructs, and benchmarks.

Through the PAT National Center, the following assistance will be provided to implement the new PAT opportunities in Wyoming:

- Development and approval of the initial Affiliate Plan to support initial implementation of PAT in Albany, and eventually Carbon Counties;
- Technical assistance to meet the essential requirements;
- Assistance to state level agency regarding monitoring, assessing and supporting implementation with fidelity to the model and maintaining quality assurance; and
- Ongoing professional development will include annual opportunities for certified Parent Educators to maintain their certification.

A Timeline for Obtaining the Curriculum or Other Materials Needed

Once Wyoming MIECHVP funding is released for the Home Visiting Plan to utilize, a contract will be initiated with WECP to conduct the extensive community systems evaluation in the four targeted communities. WECP has already begun work in Sweetwater and Natrona Counties.

The PAT employee training will be scheduled when appropriate employees are hired for Albany, and then Carbon Counties. Requirements for hiring include a college degree in early childhood education or a related field of study, and documented experience working with young children and their parents. The parent educator must possess effective communication skills and be comfortable relating to parents and/or professionals in the community (see Attachment C for PAT Job Description).

The process, including hiring, training and obtaining materials, is expected to be completed and the PAT program ready to implement within three months of release of the MIECHVP funding in Albany County. The plan for implementation into Carbon County will take longer, as the "mapping" study must be initiated in that county, and has already been launched in Albany County.

The PAT training process begins in the first month with hiring an appropriate person who is then sent to the earliest training either at the National Center's office in St. Louis or whichever training center is conducting the next training. The Foundational and Model Implementation training takes a week, and the 3-K training require three days. Orientation to Parents Helping Parents of WY, Inc. and dispersion of needed materials takes a week. When each session is successfully completed the Parent Educator returns to their regional location. During the second month, recruitment of caseload begins and the new Parent Educator is introduced to all local agencies that assist families with children within the community. By the third month, the Educator completes their sixth day follow-up training to reinforce the materials covered during each training session, and continues to build their caseload of children and families.

Description of Initial and Ongoing Training and Professional Development Activities to be Provided by the State or Local Agencies, or from the National Developer

NFP requires home visitors to have periodic trainings to be apprised of research developments or revisions to the evidence-based model, and supervisors must also attend updates to keep current with the supervisory requirements. For example, the 2011 NFP training for both home visitors and supervisors will be in August, and feature Dr. David Olds, who is the founder of the NFP model.

Parents as Teachers-specific initial training will be provided out of state by the National Model Developer. However, recertification of PAT Educators within the seven at-risk counties will be offered within Wyoming to save costs of travel. Specific recertification training for the PAT program includes 20 clock hours of professional development in year one, 15 clock hours of professional development in year two and for year three and beyond, 10 clock hours.

Training related to the Home Visiting Continuum will be developed by the local ICC groups, with WECP facilitation. Other professional development opportunities will be offered to local community partners and personnel involved in the evidence-based home visiting models implemented in the at-risk communities by Wyoming-based trainers. Examples include Nursing Child Assessment Satellite Training (NCAST), Ruby Payne's Bridges out of Poverty philosophy training, and safety training from the Wyoming Coalition against Domestic Violence and Sexual Assault (WCADVSA) for both at-risk families and Home Visiting Continuum staff. WCADVSA will facilitate training through local entities to help build the Home Visiting Continuum and local sustainability for the Plan. Train the Trainer for the specialty trainings will be implemented to keep costs down for community training sessions to be scheduled.

Plan for Recruiting, Hiring and Retaining Appropriate Staff for All Positions

When the MIECHVP funding is released, the contract will be initiated for the WECP extensive systems "mapping" studies in the targeted counties. Additionally, the process will begin to recruit PAT staff for Albany County. The PAT Foundational Training lays the groundwork for home visiting as a methodology within the early childhood system and connects the theoretical framework of PAT with actual practice. Model Implementation Training will incorporate the PAT Quality Assurance Guidelines and offer implementation strategies and evidence-based practices to help the new employee fully understand and bring to life quality PAT services. The training makes clear how to successfully replicate the PAT model with fidelity.

Anticipated challenges to maintaining quality and fidelity to the PAT model include hiring appropriate personnel to support families, who have a solid understanding of working with various populations and experience collaborating with the numerous agencies available to assist at-risk families. Additionally, it is imperative to retain trained and qualified personnel, and assure they are offered ongoing professional development opportunities. Since funding to recertify PAT-trained staff has not been available, the Home Visiting Plan allocates funding to recertify those staff and continue to have the staff recertified on an annual basis to all seven of the at-risk communities, to assure fidelity to the model.

Plan for Recruitment of Subcontractor Organization:

The WECP is uniquely positioned and available for continuing work that has begun in two of the targeted communities, Sweetwater and Natrona Counties. A contract process will be initiated and will assure the Home Visiting Plan is accomplished according to the goals, objectives and strategies set forth by the Home Visiting Task Force. WECP will be contracted to continue with the systems "mapping" process in Sweetwater and Natrona Counties, begin the process in Albany and Carbon Counties, and market and garner support for sustaining the Home Visiting Continuum when the MIECHVP funding ends.

A Request for Proposal (RFP) process will begin for a contractor to serve as the project lead/principal investigator, designing and implementing studies, epidemiologic investigations, and evaluation plans. Additionally, the contractor will participate in the collection and analysis of data for various surveillance systems that monitor and assess health status and its determinants for women of childbearing age, infants, children, adolescents and families; as well as evaluate surveillance systems and ensure data quality. Collaboration with program stakeholders will also be required.

A RFP will be initiated to begin a branding project for the MIECHVP, to create a professional brand to assure the best possible success with the program. The MIECHVP Brand is expected to help the Home Visiting Continuum be recognized in the communities, and to facilitate family referral to the project.

The local ICC groups will plan and develop a professional training schedule for the four targeted communities, including NCAST, Bridges out of Poverty and recertification for PAT Educators who are not current as to the evidence-based PAT guidelines. The Home Visiting Task Force will be involved as requested by the local team. The Home Visiting Continuum training will also be designed and scheduled for the communities as the Continuum is implemented and marketed in each at-risk community.

Plan to Ensure High Quality Clinical Supervision and Reflective Practice for all Home Visitors and Supervisors

Each evidence-based home visiting model has specific fidelity requirements for clinical supervision and reflective practice. The expectation is that each model will continue to assure fidelity to the model as required through the national model developer. High quality supervision and reflective practice is imperative to generate the expected home visiting model outcomes.

With the critical importance of quality clinical supervision for success of evidence-based programs, as in NFP and PAT, additional home visiting personnel cannot be hired unless there is sufficient clinical and reflective practice supervision available to support new home visitors. If more supervisory staff is required, the funding plan in subsequent years will need to include hiring of said personnel. The Home Visiting Task Force will meet with the WECP contractors and local teams to discuss comprehensive guidelines for the evidence-based home visiting programs within the Home Visiting Continuum.

Estimated Number of Families Served

According to 2011 estimates, NFP-trained staff will plan to serve up to 201 families of pregnant women within the four targeted communities. The NFP nurse ratio to family is expected to be approximately 1: 20 families (which is a full time caseload for NFP). Even though the NFP national guidelines state a full time caseload is 20 to 25, with the geographical distances traveled to visit families, a caseload of 20 is accepted as a full time load in Wyoming by the NFP National Office. Specifically, there are projected to be 34 families in Carbon, 13 families in Sweetwater, 27 in Albany and 44 families in Natrona County.

The plan to implement PAT into the Albany County Home Visiting Continuum is expected to increase the number of families served in that county by approximately 30 families. When PAT is implemented into Carbon County, another 30 families can expect to be enrolled in the Home Visiting Continuum.

Estimated Timeline to Reach Maximum Caseload

The estimate of 201 families receiving NFP services is currently being operationalized through the PHN offices. By the end of 2011 CY it is expected the total number of families will be on caseload.

The Parents as Teachers process, including hiring, training, and obtaining appropriate materials, is expected to be completed and the PAT program ready to begin accepting families on caseload within three months of release of the MIECHVP funding. The hope is that during 2011 the Albany County PAT will enroll 30 families, and in 2012 Carbon County PAT program will enroll 30 families.

Plan for Identifying and Recruiting Participants, and for Minimizing the Attrition Rate for Participant

Individual community groups will utilize the information and data collected through the WECP systems work to determine best practices in identification and recruitment of home visiting participants, with Home Visiting Task Force involvement as necessary. Successful interventions regarding case finding, recruitment and retention will be identified and developed into a community-specific action plan to design a unique referral framework for each of the at-risk communities. Policies will be developed collaboratively with community partners and needy families to assure all at-risk communities follow the recommended guidelines to identify, recruit, and retain families who are in need of services through the Home Visiting Continuum.

Operational Plan for Coordination between the Home Visiting Program and other Existing Programs

The local ICC will be the starting point for pulling together local partners to discuss and develop the unique plan for their community. The entities within each community implementing the evidence-based home visiting models will be at the table, and will invite essential partners into the discussion regarding implementation of the Home Visiting Continuum into each community. At-risk families will be the center of the discussion, to assure their voices are heard and their needs are addressed.

The WECP will be contracted to continue with the extensive systems studies begun in Sweetwater and Natrona Counties, and will move forward with initiating the valuable studies in Albany and Carbon. Gaps in services and referral Patterns within the four communities will be identified in this process, which are not apparent at this time. Involvement of other programs serving at-risk families within each of the targeted counties will be integral to the success of the Home Visiting Continuum, as screening and referral partners. Considerable time will also be spent to help the Home Visiting Continuum become self-sustaining within the targeted communities.

Plan for Obtaining or Modifying Data Systems for Ongoing CQI, State's Approach to Monitoring, Assessing, and Supporting Implementation with Fidelity to the Model, and Anticipated Challenges and Proposed Reponses

The Community Public Health Division Epidemiology Section has begun combining the data collected by NFP and PAT to determine how data will be collected related to the indicators and constructs required to be reported on within the Home Visiting Plan. The constructs will create the framework for meeting the benchmarks for the MIECHVP.

The contractor will be responsible as the Data Lead for the MIECHVP. The contractor will be responsible to collect, analyze and provide data related to the constructs and benchmarks to the targeted communities for discussion and planning in CQI processes.

The NFP database will be utilized to provide data specifically related to the prenatal and early childhood period, until the child's second birthday. NFP reports have been designed to track activities and processes to assure fidelity to the elements known to provide the anticipated outcomes.

The PAT Quality Assurance guidelines provide detailed guidance to support completion of the program plan and establish a blueprint for quality implementation of the PAT model. It is expected that all Affiliates who implement the model will adhere to these QA Guidelines. Initially, the QA Guidelines help organizations effectively plan their services, operations, and management; after affiliation, ongoing adherence to the QA Guidelines helps to ensure successful replication, model fidelity and application of evidence-based practice. Ongoing compliance with the essential requirements is necessary for continued implementation of the PAT model. Affiliates report on compliance with the essential requirements annually, via the Affiliate Performance Report. In addition, Affiliates engage in an expanded program assessment every four years, incorporating additional data, stakeholder input and documentation review to support the findings of their assessment. Both the focused annual compliance assessment and the comprehensive program self-study result in action plans that ensure continuous high quality services to children and families. Ongoing affiliation with PAT also requires regular program self-assessment, via a quality self-assessment process and tools.

List of Collaborative Public and Private Partners

There have been many public and private partners involved in the development of this Home Visiting Plan through the Home Visiting Task Force, most since the first guidance was released in 2010.

However, involvement of the local community partners has been restricted due to the funding not yet released for use in development of this project. As soon as approval is received for utilization of funding, the Home Visiting Plan will be enacted and the community partners will be intimately involved in further development and implementation of the Plan, as will families in need in the four at-risk counties chosen for implementation of the MIECHVP.

Public partners within the Wyoming Department of Health (WDH), Community and Public Health Division (CPHD), include Maternal and Family Health (Section Chief, Women and Infant and Early Child and Adolescent Health Coordinators); Public Health (State Nurse Supervisor, MCH Program Consultant, MCH Regional Coordinator); Epidemiology (Section Chief, Epidemiologist); and WIC (Section Chief) Sections. Other partners from the WDH are Mental Health and Substance Abuse Services Division (Administrator, Children's Mental Health and Community Services Coordinators); HealthCare Financing (Medicaid; Early Periodic Screening, Diagnosis, and Treatment [EPSDT]; Provider Services; Outreach and Education; and KidCare CHIP Program Managers); Developmental Disabilities Division (WY Individuals with Disabilities Education Act, Part B/C Coordinator); and Preventive Health and Safety Division (Office of Rural Health Manager, Senior Epidemiology Advisor).

The Office of the Attorneys General, Victim Safety Division Administrator, has been a primary partner in the project since the first guidance was released, and also is the connection to the Wyoming Division on Criminal Investigation and state and local police officers.

Connections within the Department of Education (Wyoming Elementary and Secondary Education Act Title I Unit Manager, Wyoming Child and Family Development Consultant) have been crucial in compiling what is available within the state to support the State Home visiting Plan, including the vital connection to local school districts within at-risk communities for participation in the intensive "mapping" activities and development and support of the individual community plans.

The Division of Workforce Services (Wyoming Quality Counts! Program Manager) has been integral in the development of the State Home Visiting Plan, providing information and support related to employment, local business involvement, and insight into branding for the MIECHVP.

Within the Department of Family Services, the Child Care and Development Fund (CCDF) Administrator, TANF Consultant, Title II of the Child Abuse Prevention and Treatment Act Administrator, and the State Advisory Council on Early Childhood Education and Care Administrator continue to be essential partners in this project.

Private partners include the Wyoming Chapter of the March of Dimes (MOD), which has the goal of decreasing preterm births, is willing to assist in marketing the Home Visiting Continuum and participating in discussions within local communities. Wyoming Coalition against Domestic Violence and Sexual Assault, both at the local and state level, have partnered in the project to provide training for the home visitors to be safe, and to assist the families they visit to be safe.

The Wyoming Early Head Start and Head Start Collaboration Office, Wyoming Head Start Association, and Wyoming Child and Family Development, Inc. have been integral in creating the State Home Visiting Plan. The Wyoming Early Childhood Education and Care Advisory Council (State Advisory Council) Chair remains in contact with the Home Visiting Task Force members to ascertain how that organization can assist in advancing goals of the State Home Visiting Plan. WECP has been integral in creating a final draft of the State Home Visiting Plan.

The Wyoming Kids First Executive Director (Children's Trust Fund recipient) and Prevent Child Abuse staff vows to promote the State Home Visiting Plan.

Assurances the State Home visiting Plan is designed to Result in Participant Outcomes Noted in the Legislation

The State Home Visiting Plan is designed: (1) to strengthen and improve the programs and activities carried out under Title V; (2) to improve coordination of services for at-risk communities; and (3) to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The State Home Visiting Plan goals are to strengthen and improve the evidence-based home visiting models currently implemented within Wyoming and to assure a Home Visiting Continuum is available from prenatal through school entry in the at-risk communities.

Assurance that Individualized Family Assessments will be Conducted and Services will be Provided in Accordance with those Assessments, and on a Voluntary Basis

When the MIECHVP funding is released to implement the State Home Visiting Plan, policies and procedures will ensure services will be provided to eligible families in accordance with the individual assessment conducted with that family, and on a completely voluntary basis.

Assurance that the State will comply with the Maintenance of Effort Requirement

When Wyoming's MIECHVP funding is released to implement the Home Visiting Plan, there will not be a decrease in the maintenance of effort requirement as compared to March 23, 2010. If anticipated budget cuts do affect the maintenance of effort for NFP, HRSA will be notified as soon as the fact is known, and specific information will be provided as required. NFP maintenance of effort remains the same as on March 23, 2010. PAT does not currently receive federal funding.

Assurance that Priority will be given to Eligible Participants who have Low Incomes; are Pregnant Women who have not Attained Age 21; have a History of Child Abuse or Neglect or have had Interactions with DFS, a History of Substance Abuse or need Substance Abuse Treatment; or are Users of Tobacco Products in the Home

When Wyoming's MIECHVP funding is released to implement the Home Visiting Plan, priority will be given to low-income eligible families, pregnant women under the age of 21 years, families with a history of child abuse, neglect or have had interactions with DFS, families with a history of substance abuse or need substance abuse treatment, and families who are users of tobacco products in the home within the at-risk communities, to be enrolled in the Home Visiting Continuum.

Assurance that Priority will be given to Families who have Children with Low Academic Achievement, or Children with Developmental Delays or Disabilities

When Wyoming's MIECHVP funding is released to implement the Home Visiting Plan, priority will be given to families who have children with low student achievements in school, as well as families with children who have developmental disabilities, for enrollment into the Home Visiting Continuum.

Assurance that Priority will be given to Families that include Individuals who are Serving or have Formerly Served in the Armed Forces, including those with Multiple Deployments outside the U.S.

In the event Wyoming's MIECHVP funding is released to implement the Home Visiting Plan priority will be given to families of individuals who are serving or have formerly served in the armed forces, including such families having members of the armed forces who have had multiple deployments outside of the United States.

SECTION 5: PLAN FOR MEETING LEGISLATIVELY-MANDATED BENCHMARKS:

Benchmark Plan Requirements

For each of the benchmarks, improved maternal and newborn health; prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports, indicators have been developed for each construct. The table describing these indicators including source of the measure, population to be addressed, and identification of metrics for each indicator is delineated in Table 1, Attachment D.

The data collection schedule is included in Table 1, and varies according to the indicators to be collected. For instance, some are collected at intake and then at 36 weeks gestation, while others are initially collected at intake and again at time of delivery or when the child turns two years old. There are also gaps in data collection between the two home visiting models, as some data is collected at only one point, and so cannot be demonstrated to change over time in the home visiting program, such as NCAST screening.

Data safety and monitoring will be assured by utilization of the Wyoming Department of Health's Health Insurance Portability and Accountability Act (HIPAA) guidelines. If NFP or PAT HIPAA guidelines are more stringent than the WDH, those HIPAA procedures will be used. Additionally, each evidence-based model has safety and monitoring of data inherent within those guidelines to maintain fidelity to each model. Ensuring quality of data collection is described within the guidelines of each of the evidence-based home visiting models and will remain the guiding principle.

The contracted Epidemiology position will be responsible for gathering and analyzing the MIECHVP data. Process data, such as the number of sessions a family has participated in; demographics including the child's gender, racial and ethnic background; and family socioeconomic indicators will be collected from all NFP and PAT clients. Benchmark data will be collected and analyzed quarterly, as program data are available. The CQI process will utilize individual program indicators from NFP and PAT. Aggregate indicator data will be compiled and used to monitor progress of the MIECHV program.

Anticipated Barriers to the Benchmark Reporting Process

One of the anticipated barriers in benchmark reporting is how to address data gaps, such as collecting data not currently collected by the evidence-based programs. Even if these data can be collected in a revised form, storing the data in a manner that is easily retrievable would continue to be a challenge. Additionally, it is anticipated to be difficult to extract client level data from the NFP and PAT data systems. HRSA has indicated technical assistance will be provided to address these challenges as needed.

The EHS programs in Wyoming are not currently equipped to provide data regarding their home visitation programs. The Home Visiting Plan allocates funding and staff time to work with EHS to help create/enhance a data collection system that will provide the required data, with the hope that EHS can be included in the next Home Visiting Plan as an evidence-based home visiting model.

SECTION 6: PLAN FOR ADMINISTRATION OF THE STATE HOME VISITING PLAN:

Lead Agency for the Program

The Maternal and Family Health Section of the Community and Public Health Division of the Wyoming Department of Health is designated as the lead agency for the MIECHVP.

List of Collaborative Partners in the Private and Public Sector

There have been many public and private partners involved in this comprehensive State Home Visiting Plan, through the Home Visiting Task Force, most since the first guidance was released in 2010. Private partners include the Wyoming Chapter of the March of Dimes, Wyoming Coalition Against Domestic Violence and Sexual Assault, Wyoming Head Start Collaboration Office, Wyoming Head Start Association, and Wyoming Child and Family Development, Inc., the Early Childhood Education and Care Advisory Council, Wyoming Early Childhood Partnership, as well as the WEKF Executive Director and Prevent Child Abuse Wyoming staff have been integral to completing the final draft of the State Home Visiting Plan.

Public partners within the WDH include the Community and Public Health, Mental Health and Substance Abuse, Developmental Disabilities, Preventive Health and Safety, Rural Health and Health Care Financing Divisions. Within those Divisions, the following Sections were represented as collaborative partners: Maternal and Family Health, Public Health, Epidemiology, IDEA ACT Part B/C, Medicaid, KidCare CHIP, EPSDT, and WIC. The Office of the Attorneys General, Victims Safety Division; Department of Education (DOE); Department of Family Services and Division of Workforce Services (DWS) continue to be essential partners in this project. Please refer to Section 4 for a more complete list of private and public collaborative partners for the MIECHVP.

Overall Management Plan, and who will be Responsible for the Successful Implementation of the State Home Visiting Plan at the State and Local Levels

Successful implementation of the Home Visiting Plan will be monitored by the Home Visiting Task Force, with both state and local entities included in the Task Force. The lead agency, MFH of the CPHD of WDH will oversee the successful implementation at the State level and monitor the contracts related to this project.

Plan for Coordination of Referrals, Assessment and Intake Processes across Different Models

While there are currently no identified centralized intake procedures at the local county levels, there are many entities, public, and private, identifying and referring families to home visiting services. Some of these collaborators include the local county public health nurse offices, where the MFH continuum of care is administered, including BB, NFP, and Maternal High Risk (MHR) and Newborn Intensive Care (NBIC) programs. Family Planning clinics, both Title X and non-Title X funded; local WIC offices; and the UWFP, CHC and Healthcare for the Homeless Clinics (located in Natrona County) refer to the local home visiting services. Wyoming Regional Child Development Centers, with offices in each county, screen

children ages 0 to 5 years old and refer to local resources and home visiting services. The state chapter of MOD, located in Natrona County, makes family referrals to appropriate services within their county of residence. Referrals between Early Head Start, Even Start, Head Start, and PAT and Parents Helping Parents (PHP), as well as others, are more prevalent in some counties than in others.

There are currently two evidence-based home visiting models implemented in the state and within the at-risk communities, to varying degrees. The goals and objectives listed for the State Home Visiting Plan delineates how the coordination will take place within each community to establish a more successful Home Visiting Continuum.

Job Descriptions for Key Positions

Debra L. Hamilton, RN, MSN, CCM, CRRN, CNLCP, CLC, who is the Women and Infant Health Coordinator for the MFH Section of the CPHD, is the assigned Lead for the MIECHVP. Ms. Hamilton chairs the Home Visiting Task Force, and will manage the contracts related to the State Home Visiting Plan (Resume-Attachment E).

An Organizational Chart

The WDH Organizational Charts are included as Attachment F.

How will the Updated State Home Visiting Plan meet the Legislative Requirements, including Well-Trained, Competent Staff; High Quality Supervision and Monitoring Fidelity of Program Implementation; Strong Organizational Capacity; Referral and Service Networks to Support the Home Visiting Program and the Families Served

The Home Visiting Plan goals are to strengthen and improve the evidence-based home visiting models currently implemented, as well as to implement additional evidence-based models to assure a Home Visiting Continuum is available from prenatal through school entry in the at-risk communities. The Plan includes strategies to improve coordination of home visiting services to improve outcomes for families in the four counties targeted in the Home Visiting Plan.

PAT-specific initial training will be provided by the Model Developer, as well as re-certification of PAT Educators, as determined by PAT protocol. Training related to the Home Visiting Continuum will be initiated and updated as determined necessary by community partners and the Home Visiting Task Force. Other professional development opportunities will be offered to local community partners and personnel involved in the evidence-based home visiting models implemented in the at-risk communities. The positions to be hired through the WECP will be monitored through the contract process to assure they are providing the required support to the Home Visiting Plan.

Each evidence-based home visiting model has specific fidelity requirements inherent to the model for clinical supervision. The expectation is that each model will continue to assure fidelity to the model, including high quality supervision and reflective practice, to have the expected model outcomes. With the critical importance of quality clinical supervision for success of evidence-based, additional home

visiting personnel cannot be hired unless there is sufficient clinical and reflective practice supervision available to support new home visitors. The local community teams will continue to discuss comprehensive guidelines for the evidence-based home visiting programs within the Home Visiting Continuum, including continual high quality supervision.

The local community groups will utilize information regarding the WECP work to determine best practices in identification and recruitment of home visiting participants. Successful interventions regarding case finding, recruitment and retention will be identified and put into an action plan to design a referral framework for each of the at-risk communities. Policies will be developed to assure all at-risk communities follow the recommended guidelines to identify, recruit, and retain families who are in need of services through the Home Visiting Continuum.

SECTION 7: PLAN FOR CONTINUOUS QUALITY IMPROVEMENT:

How will the Community-Based Programs Benchmark Their Processes and Outcomes to Document Results without Comparison Groups, and Develop and Incorporate New Knowledge and Practices in a Data-Driven Manner

The focus of the Home Visiting Plan for Continuous Quality Improvement is to establish state and local infrastructure and support while imbedding a culture of CQI. The MFH Section of the CPHD of the WDH will contract with a foundation or independent contractor to provide a comprehensive set of cutting-edge tools, training, and curriculum to facilitate the CQI process in each of the four identified counties. Once the local system has been "mapped" and any missing partners brought to the table, the individual community-based home visitation programs, local stakeholders and the WECP contracted personnel, under the leadership of the CQI contractor, will assess their internal processes and outcomes to identify potential areas for improvement both within the programs as well as across the system. The teams will also conduct an environmental scan of what is currently happening and what data/reports are available to utilize in the CQI process. The local home visiting program CQI teams, if in existence, will evaluate the data sources available within their organization, deciding on specific measures to gauge the first stage of the CQI plan.

Once developed, a CQI team in each county will participate in CQI training offered by the CQI contractor. Each team will receive individual technical assistance from the Epidemiology, WECP and CQI contractors as they work through the Plan, Do, Check, Act phases of their selected CQI project. The teams will all focus on performance improvement to change health status outcomes to benchmark their process/ outcomes and document results.

Each county will find themselves in a different phase of this process. In Sweetwater and Natrona Counties where WECP Kids First Regional Partnerships already exist, the systems "mapping" has already begun. In these counties the teams have already identified some duplication and gaps in services, and currently are working to ensure all stakeholders are coming to the table to discuss how to address duplication and gaps in services. In both Carbon and Albany Counties, where Kids First Regional Partnerships do not yet exist, the local ICC will serve as the common ground to facilitate these discussions and guide the identification of duplication and gaps in services.

Providing training and facilitation of a CQI process with each county team will help institutionalize a culture of CQI in the systems work and programs at the local community level. Through participating in the CQI process and working on a specific CQI project, each member of the team will have firsthand knowledge of how CQI works and how to work through the multiphase process. Once the project is completed, team members will have witnessed the amazing benefits of a successful community CQI project. Hopefully, team members will then take this experience and be able to pass along the information to their individual programs, duplicating the process internally and externally within their communities.

Inform the Adaptation of Evidence-based Home Visiting Models to the Unique Community Settings

Unique community settings and systems will be identified in the four at-risk communities related to the WECP contracted work. For example, implementation of the PAT home visiting program into Albany County will take into account inclusion of the University of Wyoming, the only four year university within the state. The recent and continued expansion of highly technical companies within that county may also affect the implementation plan, perhaps through putting strain on the current infrastructure for family resources, with more families moving into Albany County.

In Carbon County, the only maximum security prison in the state will have an effect on implementation of PAT, due to the population of families and loved ones of the incarcerated who have moved to Carbon County. Additionally, the effect of the current gas and oil boom will have more of an impact on the Carbon County implementation plan for the Home Visiting Continuum than it will in Albany County. Current resources could be found to be inadequate for families moving into Carbon County to either be close to a loved one who is incarcerated, or to answer the call for employees in the mineral extraction business.

Strengthen Referral Networks to Support Families

As discussed in the goals and objectives of the Home Visiting Plan, a comprehensive Home Visiting Continuum will be developed, which will include a timely, effective and efficient referral framework to reduce duplication and meet individual needs of the eligible families. Home visiting partners in each community, consisting of the targeted families, healthcare providers, business owners, ICC members and law enforcement, at a minimum, will be invited to be a part of the development of each community plan, and will be collaborating and promoting partners. As WECP works with the community groups, resources in the community will be looked at and considered regarding how they are all linked and how they meet the needs of families determined to be at-risk. Please refer to Section 4 for a more comprehensive list of home visiting partners who will be involved in development of the referral network for families in need.

Through both the early childhood systems “mapping” and the assessment of processes and outcomes, it is anticipated that community stakeholders will have a better knowledge of what local services and supports are available to families. Existing gaps and barriers in the system will be identified and addressed, thus strengthening referral networks.

Inform Programs about Training and Technical Assistance Needs

The WECP contractor will be responsible for determining and scheduling CQI trainings and technical assistance. The instructional sessions will be offered to home visitors, supervisors and community partners to attend and strengthen the Home Visiting Continuum within each of the four targeted communities.

Monitor Fidelity of Program Implementation

Each evidence-based home visiting model has specific fidelity requirements for clinical supervision and reflective practice. The expectation is that each model will continue to assure fidelity to the model as required through the national model developer. High quality supervision and reflective practice is imperative to generate the expected home visiting model outcomes. With the critical importance of quality clinical supervision for success of NFP and PAT, additional home visiting personnel cannot be hired unless there is sufficient clinical and reflective practice supervision available to support new home visitors. If more supervisory staff is required, the funding plan in subsequent years will need to include hiring of said personnel. The Home Visiting Task Force will meet with the WECP contractors and local teams to discuss comprehensive guidelines for the evidence-based home visiting programs within the Home Visiting Continuum.

The contracted Epidemiology position will evaluate evidence-based process measures and work with each county CQI team to assure fidelity to the home visiting models. Adjustments will be made accordingly.

Provide Rapid Information on a Small Scale about how Change Occurs

The benefit of contracting with WECP to expand comprehensive evaluations in the two counties where the study has been initiated and the other two at-risk communities is that the information will be readily accessible for initiating a community conversation about change strategies. With the existing early childhood system in each community defined, the WECP contractor and county CQI teams can utilize CQI tools such as process flow charts and fishbone diagrams/cause and effect diagrams to chart the referral process/system within the home visiting programs and across other community agencies, in a relatively short timeframe. This will allow the CQI team to target one aspect of the process and work with community groups to identify strategies to implement, and create positive change.

Key Components of Effective Interventions; Empower Home Visitors and Program Administrators to Utilize Data through Regular Reports Summarizing Performance on Indicators Associated with Processes and Outcomes

The WECP contractor will work with the identified community partners to discover potential interventions that may be most applicable to their community, and establish the community is amenable to the implementation. The interventions may be cause and effect diagrams or process flow charts to assist community movement toward a CQI project. Community collaboration and sponsorship are imperative to implementation or revision of new and current home visiting programs. If community leaders and organizations are not supportive of the Home Visiting Plan, identified interventions will have little chance of success.

Integral to the process is an understanding of the need for a plan to be data-driven, and the ability to review current data specific to the local community. The contracted Epidemiology position will be the primary contact for this data education and dissemination to the four targeted communities. Regularly summarized reports of progress toward the Home Visiting Plan goals and objectives will be provided to

the WECP contractor, to be passed along to partners throughout the targeted at-risk communities. These reports will be utilized to begin and continue conversations with partners regarding progress being made in each at-risk community.

Program evaluation allows home visitors, supervisors, funders, families, and policymakers to know whether a program is being implemented as designed and how closely it is meeting objectives. This information can be used to continually refine and improve service delivery for pregnant women, young children and their families, as well as provide an evidence-based program rationale for the expansion of home visiting programs. It is essential to allocate appropriate funding for effective and thorough evaluation.

SECTION 8: TECHNICAL ASSISTANCE NEEDS:

The State Home Visiting Lead has contacted the HRSA Region VIII Project Manager on several occasions and has requested technical assistance in the areas of data collection/benchmarking, as well as Continuous Quality Improvement. Technical assistance in both areas has been provided by webcasts and audio conferences, as requested, and will continue as needed.

Technical assistance has also been requested from the Nurse Family Partnership and Parents as Teachers National offices regarding data collection and benchmarks. Conversations continue as of the date of this submission, to determine ways to collect the requested data for the MIECHVP.

BUDGET:

Maintenance of Effort Baseline Expenditure:

The State of Wyoming submits assurance there will not be a decrease in the maintenance of effort requirement as compared to March 23, 2010. If anticipated budget cuts do affect the maintenance of effort for NFP, HRSA will be notified as soon as the fact is known, and specific information will be provided as required. NFP maintenance of effort remains the same as on March 23, 2010. PAT does not currently receive federal funding.

Personnel Costs:

Personnel costs for the PAT Parent Educators to be hired in Albany and Carbon Counties will be for ¾ time staff at each location, $39,750 per county. PAT National Office staff will travel to Wyoming to re-certify PAT Educators in the seven at-risk communities for $4,000.

A trainer will be paid $4,000 to train county teams on the Bridges out of Poverty philosophy.

Fringe Benefits:

Fringe benefits will only be allocated for the new PAT Parent Educators who will be hired in Albany and Carbon counties. The fringe benefits include FICA, unemployment tax, retirement funding and health insurance, for two ¾ time employees at $8,750 each.

Travel, Instate:

Instate travel funding is allocated for each of the new PAT Parent Educators who will be traveling to the Buffalo office for required visits twice a year ($1,500 per county program). The National Office staff traveling to Wyoming to recertify PAT Educators will be reimbursed for per diem, hotel and rental car reimbursement for $2,050.

Trainings will be conducted with partners in the four targeted counties to better serve families in need enrolled in the local Home Visiting Continuum. Instate travel for NCAST is $4,900, Bridges out of Poverty is $3,000, and the local Domestic Violence and Sexual Assault prevention entity will receive $2,050 for educational opportunities to be scheduled.

The Home Visiting Task Force is expected to travel to each of the four at-risk communities once during the year to have a quarterly meeting and engage the local Home Visiting Continuum team to determine how the project is progressing ($8,000).

The Data Lead contractor will be an integral part of the EHS project to help improve the collection of data and establishing a database with which to include EHS home visiting data in subsequent years Home Visiting Plan. Instate travel funds allocated to this project is $5,000.

Out of State Travel:

The PAT National Office staff will be traveling from St. Louis, Missouri to Wyoming for recertifying the PAT Parent Educators in the seven at-risk communities and $1,100 has been allocated for this purpose.

Funding is allocated ($6,500) for at least two individuals to travel to the annual MIECHVP conference, as a requirement of of the Home Visiting grant.

The EHS project includes out of state travel ($2,500), anticipating there will be collaboration with neighboring states to help determine how best to create the data collection and storage for the EHS evidence-based home visiting program.

Supplies:

PAT programs in Albany and Carbon counties will need PAT-specific supplies, such as Screening Guides, Visit Tracker System forms, Online Meeting Platform and Internet access ($1,600 for each county). PAT recertification classes will include both written and online-based training materials specific to the needs of the Parent Educators ($725).

Training for the four at-risk community partners will include books, other written materials, and online support required for the educational sessions, related to NCAST ($1,850), Bridges out of Poverty ($4,500) and Domestic Violence safety training ($850).

The EHS project will include the need for office supplies, printer paper, internet access and materials specific to EHS home visiting programs ($1,000).

Equipment:

There are no requests for equipment for this project.

Other:

PAT implementation other charges include duplication, printing charges, phone access and training curriculum fees ($4,100 per county). PAT recertification charges include shipping charges for the materials and the underwriting charges for the trainers ($5,200).

Training the local teams on the Bridges out of Poverty philosophy will require purchase of props to utilize in the county training sessions, as well as duplication and printing charges ($1,000).

The EHS support project will need funding to create a database to collect and store data, in order to include EHS programs as an evidence-based home visiting program in the future ($60,175).

Subcontracts:

Contracts will be an integral part of the Home Visiting Plan; WECP to guide the systems “mapping” activities in each of the targeted counties and to develop sustainability for the Home Visiting Continuum. The total contract will be for $198,550 including line items previously presented. The Epidemiology Data Lead contractor ($65,000), Branding project ($15,000), and CQI contractor ($50,800) will perform the bulk of the work of the Home Visiting Plan.

Indirect Costs: Indirect costs will be paid to the PAT National Office ($8,650 at 8%), as per their policy.

MIECHVP budget	WECP	PAT imple-mentation -2 counties	PAT re-cert (40)	Epi contract RFP	MIECHVP Branding RFP	Training			HVTF/ travel to annual mtg (2)	EHS support for data collection	CQI contract
						NCAST	Bridges	WCADVSA			
Personnel costs		79,500	4,000				4,000				
Fringe Benefits		17,500									
Travel Instate		3,000	2,050			4,900	3,000	2,050	8,000	5,000	
Travel Out of State			1,100						6,500	2,500	
Supplies		3,200	725			1,850	4,500	850		1000	
Equipment											
Other		8,200	5,200				1,000			60,175	
Contractual	198,550			65,000	15,000						50,800
Indirect Costs		8,650									
Total	198,550	120,050	13,075	65,000	15,000	6,750	12,500	2,900	14,500	68,675	50,800